Docket N	Vo.:
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APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: POWER_SYSTEM_AND_CAMERA

described and cl	aimed in	the specification:	
Check one			
* a.	\boxtimes	attached hereto.	
b.		filed on as Application Serial No.	

as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

Japanese Patent Application No. 2003-86455 filed March 26, 2003

Japanese Patent Application No. 2003-128867 filed May 7, 2003

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to said international application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; Stephen J. Roe, Reg. No. 34,463; Joel S. Armstrong, Reg. No. 36,430; Christopher W. Brown, Reg. No. 38,025; and Richard E. Rice, Reg. No. 31,560.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of Sole or First Inventor		Hidehiro		OGAWA	
	-		Given Name	Middle Initial	Family Name	
2	Inventor's S	ignature	Kidehro Og	owa,	·	
3	Date of Sign	ature	Mar	22	2004	
	<u> </u>		Month	Day	Year	
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If Box a. is checked, this form may be executed only when attached to the specification (including claims). Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing

1	Typewritten Fu			Tetsushi		NOMOTO
	oj Becona John	inventor (ij uniy)		Given Name	Middle Initial	Family Name
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3	Date of Signat	ure:		March	22 , Day	2004
				Month	_	Year '
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1	Typewritten Full Name of Third Joint Inventor (if any)					
	of Inira Joint In	iventor (if any)		Given Name	Middle Initial	Family Name
2	Inventor's Sig	nature:				
3	Date of Signat	ure:				
	Residence:			Month	Day	Year
	Citizenship:		City		State or Province	Country
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	(Insert	complete mailing s, including country)				
1	Typewritten Ful of Fourth Joint any)		_			
	• 7			Given Name	Middle Initial	Family Name
2	Inventor's Sign	nature:				
3	Date of Signat	ure:				
	Residence:			Month	Day	Year
	,		City		State or Province	Country
	Citizenship:	Office Address:		· ·		·
	(Insert	complete mailing s, including country)	-	·		
1	Typewritten Ful of Fifth Joint In	ll Name	_	<u> </u>		
				Given Name	Middle Initial	Family Name
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3	Date of Signature:					
	Residence:			Month	Day	Year
	Citizenship:		City		State or Province	Country
		Office Address:	_			· · · · · · · · · · · · · · · · · · ·
•	(Insert	complete mailing s, including country)	-			

Note to Inventor: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.